

DEPARTMENT OF ECOLOGY  
ERT SYSTEM - INITIAL REPORT/FOLLOWUP

12.3.54

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COORDINATOR: SUSANNE WINTER      UNIQUE RECORD #: N3444      REGION: N

DATE/TIME REC'D: 10/15/90      REPORT TYPE: INITIAL

REPORTER'S NAME: ED OWENS/LETTER      BUSINESS NAME:  
5975 E. MARGINAL WAY S.      LONE STAR NORTHWEST  
ADDRESS: SEATTLE      WA 98111      BEST TIME

WORK PHONE: (206)-764-3000 EXT.      OR ANONYMOUS:      TO CALL:  
HOME PHONE:

DETAILS ON INCIDENT:

COUNTY: KING      NEAREST CITY: SEATTLE  
WATERWAY:      WRIA #:  
LOCATION:

WEATHER: UNKNOWN      TIDE:

DETAILS ON ALLEGED VIOLATOR:

NAME & ADDRESS:      CONTACT'S NAME:  
PROPERTY OWNED BY LONE STAR NORTHWEST      ED OWENS  
5900 WEST MARGINAL WAY      PHONE NUMBER AND EXT:  
SEATTLE      WA      (206)-764-3032

VEHICLE INFORMATION:

DESCRIPTION OF CONTAMINANT: (PROVIDED BY REPORTER)

MEDIUM: GROUND WATER  
MATERIAL: HAZ MATERIAL      OTHER: FEHNTACHLOROPHENOL  
QUANTITY: 2800-3000 PPB  
SOURCE: COMMERCIAL

COMMENTS: CLEANUP PROPOSAL FOR PROPERTY.

USEPA SF



1164824

REFERRED TO PROGRAM: HWICP      SECTION HEAD: GALLAGHER

EXTERNAL REFERRAL? (Y/N): N

IF EXTERNAL, WHAT AGENCY: \_\_\_\_\_

INVESTIGATION COMPLETED? (Y/N): N

IF YES, COMPLETE SECOND PAGE OF FORM.

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IDENT#:  
N3444

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INTERNAL REFERRAL INFORMATION:

NAME OF STAFF PERSON: D. McGill

ACTION TAKEN:  
CAUSE OF INCIDENT:  
IMPACT:

DATE RECEIVED:  
DATE INVESTIGATED: N/A  
DATE COMPLETED:  
site known to department  
LUST:

NONPOINT: (UNK, GW, SW) POINT: (UNK, SW, PRETMT)

ACTUAL VIOLATOR INFORMATION:

NAME:  
ADDRESS:  
CITY:  
HOME:  
WORK:

CONTACT:

ACTUAL CONTAMINANT:

MEDIUM: groundwater  
MATERIAL: pentachlorophenol  
QUANTITY: unknown  
SOURCE: former chemical plant treatment lagoon (unlined)

ENFORCEMENT SENSITIVE? (Y/N):

CROSS-REFERENCES TO OTHER SYSTEMS:

Smis N-17-0146-000

OTHER RELEVANT INFORMATION: This facility is known to the Elliott Bay Action Team.  
The facility formerly treated chemical wastes in an unlined  
treatment lagoon prior to discharge to the Duwamish River.

WRITE ANY ADDITIONAL INFORMATION ON BACK OF FORM: